ENCOUNTER KEYS

OTHER INSURANCE/MEDICARE PROBLEMS

R295 – Medicare Reported But Not Indicated

Check the AHCCCS PMMIS system RP150 – Inquire Medicare Coverage screen to verify if the recipient does or does not have Medicare coverage listed on this screen.

If the recipient does not have Medicare coverage but does have TPL, **do not report as Medicare, use Other Insurance fields.**

For more information please see Encounter Reporting User Manual pages 5-9; 5-18;5-29 & 5-36.

If further assistance is needed, contact your Technical Assistant.

SEPARATE ENCOUNTERS FOR LATE CHARGES?

The AHCCCS Encounter Unit has identified several hospital late charge encounters pending in the AHCCCS system. These encounters will be returned to the appropriate Contractor as A951– Force Pend For Contractor Corrections, the comment file will briefly explain how to correct or delete the encounter. These encounters previously pended in an internal location for review as A950 – Data Gathering Error.

Inpatient hospital late charges should not be reported as a separate encounter. Late charge claims must be combined with the original inpatient claim and reported as a single encounter. If the original claim has already been encountered to AHCCCS, the late charge claim and original claim must be combined and submitted as a single replacement encounter.
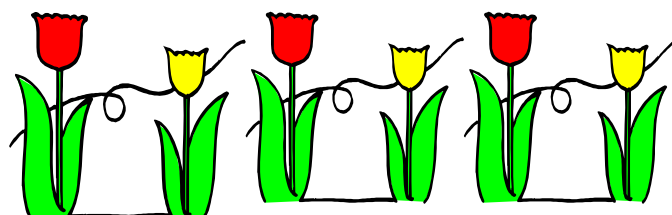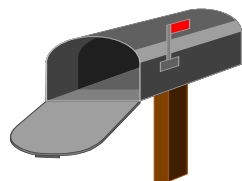
DILEMMAS

For the months of March and April the following error code conditions are not subject to sanction.

S385 – Service Units Exceed Maximum Allowed (pertains only to the 80000 procedure codes).

Z720 – Exact Duplicate Found (for dental encounters when multiple tooth surfaces are reported).

PROCEDURE CODES ADDED TO PROVIDER TYPES 19 & 09

The following codes have been added to the provider types listed below, effective 01/01/01.

Provider Type 19 – Registered Nurse Practitioner.

76805 – Ultrasound, Pregnant Uterus, B-Scan and or Real Time With Image Documentation; Complete

76810 – Echography, Pregnant Uterus, B-Scan And/Or Real Time Complete (Complete Fetal and Maternal Evaluation), Multiple Gestation After the First Trimester

76815 – Echography, Pregnant Uterus, B-Scan And/Or Real Time Limited (Fetal Size, Heart Beat, Placental Location, Fetal Position, Or Emergency In the Delivery Room)

76816 – Echography, Pregnant Uterus, B-Scan And/Or Real Time Follow-Up or Repeat

76830 – Ultrasound, Transvaginal

85102 – Bone Marrow Biopsy, Needle Or Trocar;

87880 – Infectious Agent Detection By Immunoassay With Direct Optical Observation (Streptococcus, Group A)

93015-through 93018 – Cardiovardiovascular Stress Test Using Maximal Or Submaximal

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Provider Type 09 – Certified Nurse Midwife

86580 – Skin Test; Tuberculosis, Intradermal

87210 – Smear, Primary Source With Interpretation; Wet Mount

PROCEDURE LIMITS UPDATED

Code	Description	New Daily Limit
J0476	Baclofen, 50 mcg	2
J0780	Prochlorperazine up to 10	4
J1710	Hydrocortisone sodium phosphate up to 50 mg.	5
J1790	Droperidol up to 5 mg	4
J2930	Methylprednisolone Sodium up to 125 mgm	4
J9170	Docetaxel 20 mg.	10
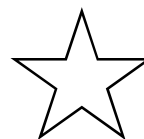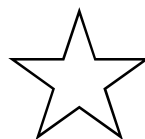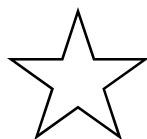
VIRTUAL PRIVATE NETWORK

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ENCOUNTER PROCESSING INFORMATION

After the encounter cycle has completed, AHCCCS produces files for Contractors with the results of the cycle. These files are placed in each Contractor's outgoing directory. The two types of encounter files generated are:

Adjudicated Encounter files – all encounters that were processed and adjudicated for the current encounter cycle and pended encounters from current and prior encounter cycles (includes internal pends).

Pended Encounter files – this file contains pended encounters that have passed the pre-load syntax and duplicate check process, but failed the editing or auditing process. These encounters will continue to pend until the encounters are corrected (does not include internal pends).

The processing status for encounters is listed below:

CODE	DESCRIPTION
11	**In Process**
31	**Adjudicated/Approved**
32	Adjudicated/Approved Adjusted
33	Adjudicated/Void
41	Adjudicated/Denied
42	**Voluntarily Health Plan Deletion Of Encounter**
31/75	Adjudicated Encounter Waiting To Be Written To An Adjudicated Encounter File
31/78	Adjudicated Encounter That Has Been Marked to History

2002 CPT CODES UNDER REVIEW

The 2002 Current Procedural Terminology (CPT) codes for Home Visits, 99501-99539 and the codes for Home Infusion (99551-99569) are currently under review at this time, by the Office of Medical Management.

After reviewing these codes, AHCCCS staff will determine the provider types and rate schedules if applicable. Information pertaining to these codes will be distributed to all Plans at a later date.

MODIFIERS 22 & 52

For CPT 4 procedure codes the modifiers 52 and 22 have been added with a beginning date of 01/01/1999. They have been added to the system for information, only. These codes do not affect payment. For further reference please access the PMMIS system screen RF122.

If there are any questions, contact your Technical Assistant.

SANCTIONS TO RESUME

As mentioned at the last Health Plan meeting (December 2001) sanctions will resume beginning with the quarter ending March 2002.

Encounter pends over 120 days are sanctionable. If you need assistance with specific pending encounters, please contact your Technical Assistant.

NEW ERROR CODES

The following error codes will be promoted in April, 2002.

Code	Description	Form Type
A901 -	Unreasonable Health Plan Paid Amount (25%)	A, B, C, D
P411 -	Referring Provider Not Active on Dates of Service	A, B, D
P581 -	Prescribing Provider Not Active on Date Prescription Dispensed	C
Z185 -	Date of Service Cannot Be Prior to 10/01/2000	D
Z623 -	Near Duplicate, Admin HCPCS And Toxoid With VA Modifier	A

04/01/2002 FEE SCHEDULE UPDATE

Please note that there was an error on the printed Fee Schedule distributed previously to all Administrators and CEOs. The correct rate for code J1885 is $1.58 per 15 mg.
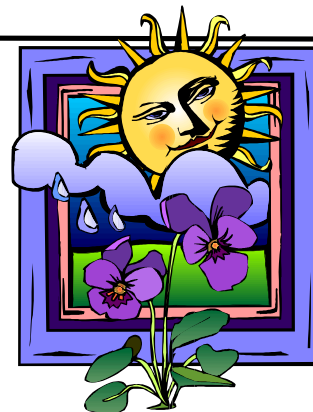
PLACE OF SERVICE 11 ADDED TO CODES 31237 & 31238

31237 – Nasal/Sinus Endoscopy, Surgical; with Biopsy, Polypectomy
31238 – Nasal/Sinus Endoscopy, Surgical; With Control of Nasal

DUPLICATE DENTAL ENCOUNTERS

Exact duplicates for dental encounters cannot be overriden. Pends involving different tooth surfaces should be referred to your Technical Assistant.

CORRECT PLACEMENT OF ICD-9 CODES

AHCCCS requires that each HCFA-1500 (Form A) and UB-92 (Form B) encounter include a primary diagnosis code. Furthermore, if there are additional diagnosis codes on the provider's claim, they must also be reported on the encounter submitted to AHCCCS. Please note that diagnosis codes must be reported at their highest level of specificity, ie. 3 digits, 4 digits or 5 digits. Do not use a lower digit code when a higher digit code exists.

Please remember the following regarding diagnosis coding:

1. **NO PERIOD, DECIMAL, OR SPACE OR UNDERSCORE, CAN BE INCLUDED IN DIAGNOSIS CODES.**

2. All diagnosis codes beginning with an "E" must start in the first digit position.

3. All diagnosis codes beginning with a "V" or numeric values must start in the second position.

MONTHLY REPORTS SPLIT OUT FOR PLANS

Effective with the April encounter cycle, AHCCCS implemented a change to separate the monthly en-counter cycle report file into separate report files. This change (discussed in previous correspondence) was made based on Contractor feedback asking for the ability to choose the reports they wish to down-load. The files are named according to the following scheme:

EC91D949 - Edit Failures by Health Plan (RC_EC91D949date(mmddyy format).ZIP)

EC97R179 - Duplicate CRN by Error Code (RC_EC97R179date.ZIP)

EC9AM128 - Adjudicated Encounters Report (Overall) (RC_EC9AM128date.ZIP)

EC9CM187 - Pended Encounters Summarized Aging (RC_EC9CM187date.ZIP)

EC9EM187 - Pended Encounters Detailed Aging Report (RC_EC9EM187date.ZIP)

EC9FM187 - Pended Encounters Summarized Error (RC_EC9FM187date.ZIP)

Following is a breakdown of the naming scheme:

    RC - Cycle Reports are called
    Next 8 digits are report ID (Listed above)
    Next 6 numbers - date (MMDDYY) the reports were sent to the outside server

AHCCCS expects to add 3 other reports that have not been produced since the implementation of FTP. Additional information regarding these reports will be forthcoming.

ENCOUNTER
FILE PROCESSING SCHEDULE
MOVED TO
SATURDAYS

The updated Monthly Encounter cycle will be on **Saturdays at 5:00 am.** A copy of the new schedule has been distributed to all Contractors.

FILE PROCESS ACTIVITY	APRIL 2002	MAY 2002	JUNE 2002	JULY 2002	AUGUST 2002	SEPTEMBER 2002
Deadline for Corrected Pended Encounter and New Day File Submission to AHCCCS	**SATURDAY 4/06/02 5:00 am**	**SATURDAY 5/04/02 5:00 am**	**SATURDAY 6/08/02 5:00 am**	**SATURDAY 7/06/02 5:00 am**	**SATURDAY 8/03/02 5:00 am**	**SATURDAY 9/07/02 5:00 am**
Work Days for AHCCCS	6	6	6	6	6	6
Encounter Pended and Adjudication Files Available to Health Plans	Monday 04/15/02	Monday 05/13/02	Monday 06/17/02	Monday 07/15/02	Monday 08/12/02	Monday 09/16/02
Work Days for Health Plans	12	14	18	13	14	18